



# APPLICATION FOR TAXIDERMIST LICENSE

State Form 3230 (R7/9-06)

Approved by State Board of Accounts 2006

## DEPARTMENT OF NATURAL RESOURCES

Attn: Commercial License Clerk  
Division of Fish and Wildlife  
402 W. Washington St., Rm. W273  
Indianapolis, IN 46204-2781  
Telephone: (317) 233-6527  
Fax Number: (317) 232-8150

- Instructions:
1. Please type or print information.
  2. Be sure to read all laws.
  3. All sections must be complete before submitting.
  4. Mail completed application with license fee to address shown at right.

**LICENSE FEE: \$15.00** (Check or Money Order should be made payable to the Division of Fish and Wildlife)

Check One: ☐ New Applicant ☐ Renewal Today's Date \_\_\_\_\_

Year Wanted on License \_\_\_\_\_ (License expires at end of calendar year) Phone Number (\_\_\_\_) \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address (Number and Street or Rural Route) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_ E-Mail Address \_\_\_\_\_

For which of the following do you provide taxidermy services? ☐ Mammals ☐ Birds ☐ Fish ☐ Reptiles

Do you have a federal permit to provide taxidermy services for Migratory Birds (includes raptors, songbirds and waterfowl)? ☐ Yes ☐ No If yes, please provide the federal permit number or date applied for: \_\_\_\_\_

Name of Business or Employment of taxidermy work \_\_\_\_\_

Address (if same as above leave blank) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_ Business Phone Number (\_\_\_\_) \_\_\_\_\_

**Please return the completed application with the \$15.00 license fee to the address listed above.**

*Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge. I have read and understand the laws governing the taxidermy license and agree to abide by them.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Application Received \_\_\_\_\_ Check/Money Order Number \_\_\_\_\_

License Number \_\_\_\_\_ Date License Issued \_\_\_\_\_ License Year \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_